

**IL HIE Medicaid Work Group
Meeting Notes
April 21, 2014**

Attendees (by phone):

Mary Baksys	Department of Healthcare and Family Services
Dave Barnes	Department of Healthcare and Family Services
Janet Baxter	Chicago Health Information Technology Regional Extension Center (CHITREC)
Julie Bonello	Access Community Health
Aster Bowden	Office of Inspector General
Mason Budelier	Office of Inspector General
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Peter Ingram	Sinai Health System
Wyona Johnson	Department of Healthcare and Family Services
Roger King	Lurie Children's Hospital of Chicago
Kathleen McGinty	Office of Inspector General
Susan Melzcer	Metropolitan Chicago Healthcare Council
Raul Recarey	Illinois Health Information Exchange Authority
Mary Ring	Illinois Critical Access Hospital Network
Andrea Romaniuk	Lurie Children's Hospital of Chicago
JoAnn Spoor	Illinois Hospital Association
Jeff Todd	Department of Healthcare and Family Services
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Dale Webb	Department of Healthcare and Family Services

1) Review of Minutes

The work group approved the April 7th meeting minutes with a correction to Ben Barnard's name.

2) Office of the Inspector General Audits

Kathleen McGinty from the Office of the Inspector General (OIG) said that the OIG will conduct the audits for the HFS Electronic Health Record Medicaid Incentive Payment Program (eMIPP). Initially it will be internal OIG staff performing the audits. OIG will use recently updated audit processes that include very open communication. Kathleen will provide a document that includes OIG's general audit practices and processes.

The type of audit will include processes that are similar to desk and field audits and a combination of those will be used. The vast majority will be desk audits. A more limited number of field audits will be performed.

At the beginning of each audit, providers will receive an opening letter from the OIG. An information request list that will outline all of the documents that are required will be included. After the records are received, a preliminary conference with the provider will occur and the OIG will review any audit findings. The provider will have 21 days to provide any additional supporting documentation. A final exit conference will be held when the audit is complete.

All Eligible Professionals (EPs) and Eligible Hospitals (EHs) that have received an eMIPP payment are subject to an audit. A document will be prepared to serve as a guide. The OIG suggests that to demonstrate an electronic document has not been manipulated, information provided for the audit should be in a format that cannot be manipulated such as a PDF. Providers are responsible to maintain documentation that supports their Meaningful Use and their clinical quality measures submitted during attestation. For Medicaid patient volume documentation, providers should retain all supporting electronic and paper documentation used for their attestation. Documentation supporting attestation should be kept for a minimum of six years. Some of the supporting documentation includes screen shots or other applicable documents that shows the certified health information technology product lists and the certification identification number for the version of software referenced during the attestation.

Some of the documents a provider can use as supporting documentation to prove the acquisition of their purchase of certified EHR software includes contracts, leases, invoices, purchase orders, receipts, and licenses. Screen shots or other applicable documents of a patient portal authentication are applicable. In terms of eligibility requirements, OIG recommends reports that support the calculation of their Medicaid patient volume and an explanation of how and when they were generated. Documentation to support the number of unique patients seen by EPs will be needed in addition to documentation to support cost reports and hospital calculation worksheets. The practice location documentation is also important. As it relates to Meaningful Use (MU) achievement, MU dashboard reports showing provider achievement of core and selected menu measures and screen shots or other applicable documents that can verify when the report was run may be needed. If anyone has questions regarding audits, they can be emailed to Kathleen at Kathleen.McGinty@illinois.gov or Marybeth Young at MaryBeth.Young@illinois.gov. Kathleen offered to meet with the work group periodically to update everyone.

Discussion took place on how the audit strategies will be communicated to providers. **Wyona Johnson** said that the information will be provided to the Regional Extension Centers to send out. It will be posted on the HFS website and an email blast will go out. **JoAnn Spoor** said that the Illinois Hospital Association can work with HFS on getting the information to providers.

3) 2013 and 2014 Attestations

Dave Barnes reported that one provider has submitted an attestation for 2014.

4) Electronic Health Record Medicaid Incentive Payment Program Status Update

Dave reviewed the statistics for payments saying that 776 EPs have been paid since the last work group call. No EHs were paid and HFS is working with four hospitals regarding their attestations. Over \$370 million has been distributed since the program began.

5) Regional Extension Centers Outreach and Education Reports

Theresa Walunas said that messaging was developed for Federally Qualified Health Centers. They are starting to target providers they have put in specific buckets. One webinar was held and two are coming up. New recruitment of providers that have not attested has started. They are preparing for 2014 Stage 1 and 2. They will send out the audit information and said that a webinar can be developed for audits if it would be useful. If there are other educational topics that the group would like to be briefed on, please let Theresa know.

Meeting adjourned. The next call is scheduled on Monday, May 5th.